

409 Allen-2009-08650J/314th

**HARRIS COUNTY PROTECTIVE SERVICE for CHILDREN & ADULTS
MEDICAL/DENTAL CLINIC**

1. Renesha y all Renesha y Allen
(Mother/ Father/ Family member/ Significant other))

am working with the Texas Department of Family and Protective Services (DFPS) regarding my children/family. I have signed a service plan with DFPS/ or are part of a home study with DFPS/ and/ or have been court ordered: to do random drug testing. I understand these random drug tests may be given to me at the Harris County Protective Services Medical/Dental Clinic at 6300 Chimney Rock Rd.

I hereby voluntarily give my consent for Harris County Protective Services, Medical/Dental Clinic to perform a drug-screening test for the presence of any unauthorized or illegal substances present in my system, on the 23 day of Oct, 2009. I further release the Harris County Protective Services Medical/Dental Clinic from any liability in regard to the drug test and/or its results.

I understand that the results of this test will be confidential with the exception that these results will be made available to my DFPS caseworker and/or court system when appropriate.

Signature Renesha y all Date 10/23/09
Address 2000 Tidwell Home Phone# 281 865 0192
Yalonda
Caseworker Unit# Tele# MC

W confirmation: [] court order [] service plan [] home study [] Investigation (Check One)



FOR CLINIC USE ONLY



DRUG TEST FOR	TEST NO.	EXPIRATION DATE
DrugCheck9	<u>4903091509</u>	<u>Feb 2011</u>

DRUG	RESULT
AMP	<input checked="" type="checkbox"/>
BAR	<input checked="" type="checkbox"/>
BENZ	<input checked="" type="checkbox"/>
COC	<input checked="" type="checkbox"/>
METH	<input checked="" type="checkbox"/>
MORP	<input checked="" type="checkbox"/>
PCP	<input checked="" type="checkbox"/>
THC	<input checked="" type="checkbox"/>
TCA	<input checked="" type="checkbox"/>
ETOH	<input checked="" type="checkbox"/>

URINE Temp. <u>94</u> F°	
COLOR	APPEARANCE
Amber	Clear <input checked="" type="checkbox"/>
Lt. Amber	Hazy <input checked="" type="checkbox"/>
Dk. Amber	Cloudy
Straw	Milky
Yellow	Blood-tinged
Brt Yellow	Bloody
Pale Yellow	
Lt Yellow	
Clear	

POSSIBLE ADULTERATION ☐ YES ☒ NOHOW? ☐ Dilution ☐ Substitution ☐ Additive

Chain of Custody - (Collector):

Date

Karen Stephens, MA
Nurse/Technician Signature

10/23/09
Date